U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only	
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E 277	
Or the Definition	
1. File Number U - 13.38 6	2. Fiscal Year Covered From:
,	01/01/2004 Through: 12/31/2004
	100, 100, 100, 100, 100, 100, 100, 100,
Name and address of person filing.	4. Name, file number, and accress of labor organization.
Name ALMENA A THOMPSON	Name SERVICE EMPLOYEES INT'L WIDE LOCAL 1199NE
	Labor Organization File Number 5)3 844
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 77 HUNSHOPE AVE	Street 77 HuysHOPE AVE
·	
City HARTFORD	City HARTFORD
State CT ZIP Code + 4 C610C	State CT ZIP Code + 4 06/06
5. Position in labor organization. VICE PZESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	couse or minor child directly or Indirectly had any of the following Interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	ition represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
	<u> </u>
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	1
	J
City	<u>]</u>
	- · · ···- ·
State ZIP Code + 4	<u> </u>
Sic	gnature
	of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompai undersigned knowledge and belief, true, correct, and complete. (See the s	
Same to the same t	nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
M_{0} (M_{0}	nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed	section on penalties in the instruct ons.)
Signed	on 8/4/05 860 549-1199 On bate Telephone Number
Signed Form L.M-30 (2003)	on 8/4/05 860 549-1199

Name of Person Filling ALMENA THOM	nosqu		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if an	у).	9. Business deals with:	
Name N.E. H.C.E.U. PENSION FUND		a. Labor Organizati	on
Trade Name, if any:		b. Trust	0.11
PO. Box, Bldg., Room No., If any 2 FLOOR		c. Employer	
Street 77 HUYSHOPE AVE			
City HARTFORD State CT ZIP Code + 4	DUOL		
State C) ZIP Code + 4			
10 If 9,b. or 9.c. is checked give trust or employer 3 name.	SEE ABOVE	11.a. Nature of such dealin	g.
Name		; { 	N/A
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any		· · -	
Street		11.b. Approximate dollar valus	of such dealing.
State ZIP Code + 4 ,		12.a. Nature of interest he c	
State Lin Could #4		IKUSTEE	MEETINGS
	}!		
		•	
	<u> </u>	12.b. Amount.	205.96
C. Received from any employer (other than an emplo	ver covered under	narts A and B above)	
or from any labor relations consultant to an employer any p		or other thing of value.	
 Name and address of Employer or Labor Relations Con- (including trade name, if any). 	sultant	14.a. Nature of payment.	
Name			
Trade Name, if any:		1	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4		<u> </u>	
13.b. Is the Business an Employer or Consultant	3	14.b. Amount of payment.	

Name of Person Filing ALMENA THOMPSON	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name if any). Name N.E.H.C.E.U. HEALTH AND WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 2 ¹³ FLOOR Street 77 HUYSHOPE AVE City HARTFORD State CT ZIP Code - 4 Obloc	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. **SEE** ABOVE** Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4	Trustee Meetings 12.b. Amount. 437.69			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.			
Street				

14.b. Amount of payment.

13.b. Is the Business an Employer

j ZIP Code + 4

or Consultant

City

State

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or an employee which is a self-directly or included in the consists of buying from or selling or leasing to, or other or an employee which is a self-directly or included in the consists of buying from or selling or leasing to the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of b	wise dealing with the bus-ness vely seeking to represent or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a Late Construction
Trade Name, if any:	a. Labor Organization
P.O Box, Bldg., Room No., if any	b. Trust c. Employer
Street	C. Employer
City	
State ZIP Ccde + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State : ZIP Code + 4 :	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	[;
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4 1	1
13 h Is the Business an Employer I or Consultant 2	14.b. Amount of payment.